TRAINING UPDATE

Lab Location:	SGAH & WAH	**Date Distributed:**	8/29/13
Department:	Client Services	**Due Date:**	9/30/13
		Implementation:	**10/1/13**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Validation of Outpatient Orders SGAH.CS01,WAH,CS01 v003
Description of change(s):
Section 3: clarify responsibility Section 5: add process if staffed by one person Section 6: move Audit form from Section 9 This revised SOP will be implemented on October 1, 2013

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training all sites (version 003)

Non-Technical SOP

Title	**Validation of Outpatient Orders**	
Prepared by	Leslie Barrett	Date: 12/1/2008
Owner	Samson Khandagale	Date: 12/1/2008

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

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1. PURPOSE

This process is intended to improve customer satisfaction since incomplete or inaccurate ordering can lead to recalling the patient and/or re-drawing specimens. It ensures that all Laboratory tests written on the prescription are correctly and completely ordered in the LIS (Laboratory Information System) prior to specimen collection.

2. SCOPE

Applies to all orders received on a manual requisition.

3. RESPONSIBILITY

Client Service staff must place test orders correctly in the LIS and ensure all orders are verified by comparing prescription/written order with LIS labels.
~~A second employee verifies test orders by comparing prescription/written order with LIS labels.~~

4. DEFINITIONS

None

5. PROCEDURE

A. The Client Service staff will:

1. Compare and match the patient's full name on the requisition with that on the hospital registration face sheet. Both names MUST be identical before proceeding.

2. Read the orders thoroughly. If clarification is needed on the ordered tests, contact the Client Services Group Lead or supervisor.
   a. A Core lab lead or a technologist may help to clarify the tests for you.

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b. If none of the above are available or there are still questions about the test(s), then contact the ordering physician's office for clarification of the tests.

3. Patients may provide multiple requisitions and/or prescriptions. Verify that all are reviewed.

4. Order the appropriate test(s) using function REI.

5. Difficult to find test/order codes must be checked in SunQuest function MIQ or Quest Diagnostics Service Directory (Chantilly) or Quest Diagnostics website under Test Menu. (Do not order test codes from Baltimore Service Directory, it is only used as a reference) Call Quest Diagnostics, Chantilly Client Services' department for clarification of tests, collection requirements and handling if necessary. Refer to the procedure Ordering Miscellaneous Tests for details.

6. Verify the LIS order with each test on the written script, checking off each test as verified. Place an LIS 'foot' label on the right-hand side of the registration face sheet for all accession numbers.

7. **Do not write anything on the Physician** Orders/ Lab requisitions. You may use a yellow/bright highlighter to mark the tests.

8. Paper clip LIS labels to the written order, put it in a folder and hand to the next Client Services Staff for verification.

NOTE: If there is a standing order in addition to the written prescription, document on prescription 'S/O and test name(s)' from standing order.

B. Order Verification Process

1. When the Client Service area is staffed by MORE than one person, the Second Client Services Staff will:
   a. Compare LIS label(s) with order(s)/prescription and verify accuracy and completeness.

   b. Bring to the attention of the Client Service staff that placed the orders any discrepancies or errors noted, ask that employee to make the appropriate corrections. **No Blood collection is to be done** until discrepancies are resolved.

   c. Document the **order** verification process by recording tech code and date on the registration face sheet, preferably on the right-hand side where the LIS labels are attached.
   The patient is not to be called into the Phlebotomy room until verification is complete and we are ready to serve.

2. When the Client Service area is staffed by a single person, then he/she will:
   a. Perform a self review by comparing LIS label(s) with order(s)/prescription and verifying accuracy and completeness. Document the **order** verification process by recording tech code and date on the registration face sheet, preferably on the right-hand side where the LIS labels are attached.

   b. If any discrepancies or errors are noted make the appropriate corrections. **No Blood collection is to be done** until discrepancies are resolved.

   c. If any clarification is needed on the ordered tests, consult a Group Lead or Supervisor.

3. The employee performing the venipuncture must perform routine positive patient identification process before any specimen is collected. Refer to the phlebotomy procedure Patient Identification.

C. Audit process

1. Staff will perform audit of all outpatient orders as outlined in the daily duties checklist. The intent of the audit is to rectify any omissions or errors as quickly as possible and to maintain an accurate count of OP visits.

2. Orders are reviewed for appropriate documentation as required by this SOP:
   - LIS code documentation by the Client Service staff who placed the order (test marked and LIS foot label)
   - second person review (tech code and date recorded on registration face sheet)

   Verify that all physician-requested tests were ordered and all tests are correct.

3. If the audit identifies missing or incorrect orders:

   a. Determine if there is an acceptable sample to perform the test in consultation with Technologist performing the testing and Specimen Processing staff member. If so, order the test on a new accession number and deliver appropriate labels to the Specimen Processor to perform the add-on. Consult a Group Lead technologist or in charge tech if there are any questions. Document your actions on the Outpatient Requisition Audit Sheet.
   b. If specimen is not acceptable for testing/add-on, the patient must be contacted to return for a redraw.
      1) Lab requisition and face sheet for a returning patient is placed in the 'Patient Returning Folder' at the front desk
      2) A mailbox message is sent out to Client Service staff to alert them of patient's return.
      3) Document all actions on the daily checklist
      4) Complete a Quality Variance form and deliver to Group Lead or Supervisor.

4. The audit will be performed daily. It may be done as an ongoing review throughout all shifts.

5. At the end of each shift, staff will notify incoming personnel of the audit status.

6. A tally of the audit review is maintained on the Outpatient Requisition Audit Sheet and any discrepancies noted.

7. Weekly reviews are required to be performed by Supervisor/designee. Document on the Outpatient Requisition Audit sheet (See Addenda). Review for the following:
   a. Audit performed each day and documentation is complete (all columns filled)
   b. If an error or omission was noted, appropriate action was taken and documented. See step 3. Add separate sheet or write on the back of the Audit sheet what action was taken.
   c. 'Patient Returning Folder' reviewed for lab requisition and any updates, such as notes indicating when patient is expected to return for redraw.
   d. Follow up with staff until redraw is complete.

8. Periodic audits of the process are performed by the QA technologist and/or Unit Compliance Officer.

6. RELATED DOCUMENTS

Outpatient Processing, Client Service procedure
Miscellaneous Test Ordering, Client Service procedure
Client Service Daily Activities, Client Service procedure
Patient Identification, Phlebotomy procedure
Outpatient Requisition Audit Sheet AG.F78 (see Attachment tab of Infocard)

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
000	12/7/2010	Section 5: A.7 Add documentation recorded on registration face sheet. B. Reassign second review Section 6: delete SOP numbers Section 9: add Audit Sheet	S. Khandagale	S. Khandagale
001	4/2/2012	Section 5: C.3.b Change PI form to Quality Variance form C.7 Add weekly review required by Supervisor/ designee & documentation.	S. Khandagale	S. Khandagale
002	8/14/2013	Section 3: clarify responsibility Section 5: add process if staffed by one person Section 6: move Audit form from Section 9	L. Barrett	S. Khandagale

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9. ADDENDA AND APPENDICES

None